

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name William Focazio, MD, PA

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 22-3270477

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

999 Clifton Avenue
Clifton, NJ 07013

Number, Street, City, State & ZIP Code

Passaic
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **William Focazio, MD, PA**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attachment	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **William Focazio, MD, PA**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **William Focazio, MD, PA**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 13, 2018**
MM / DD / YYYY

X /s/ William Focazio, M.D.
Signature of authorized representative of debtor

Title **Principal**

William Focazio, M.D.
Printed name

18. Signature of attorney

X /s/ Anthony Sodono, III
Signature of attorney for debtor

Date **January 13, 2018**
MM / DD / YYYY

Anthony Sodono, III
Printed name

Trenk, DiPasquale, Della Fera & Sodono, P.C.
Firm name

**347 Mount Pleasant Avenue
Suite 300
West Orange, NJ 07052**
Number, Street, City, State & ZIP Code

Contact phone **973-243-8600**

Email address **asodono@trenklawfirm.com**

007631990
Bar number and State

Debtor William Focazio, MD, PA Case number (if known) _____
Name

Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
DISTRICT OF NEW JERSEY	
Case number (if known)	Chapter <u>11</u>

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	<u>Endo Surgical Center of North Jersey</u>	Relationship to you	<u>Affiliate</u>
District	<u>New Jersey</u>	When <u>1/13/18</u>	Case number, if known <u>18-</u>
Debtor	<u>Fenner Ave., LLC</u>	Relationship to you	<u>Affiliate</u>
District	<u>New Jersey</u>	When <u>1/13/18</u>	Case number, if known <u>18-</u>

WILLIAM J. FOCAZIO, M.D., P.A.

UNANIMOUS CONSENT OF MEMBER IN LIEU OF SPECIAL MEETING

The undersigned, being the 100% shareholder of William J. Focazio, M.D., P.A. (the "Company"), a New Jersey partnership association, does hereby certify that, on January 13, 2018, the following resolutions were duly adopted and approved by the member of the Company and recorded in the minute book of the Company, and they have not been modified or rescinded and are still in full force and effect on the date hereof

RESOLVED, that in the judgment of the undersigned, it is desirable and in the best interests of the Company, its creditors and employees and other interested parties to file a voluntary petition for relief under the provisions of chapter 11 of title 11, United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of New Jersey; and it is

FURTHER RESOLVED, that the 100% shareholder of the Company is hereby authorized and empowered to execute on behalf of, and in the name of, the Company a voluntary petition for relief under chapter 11 of the Bankruptcy Code and to cause appropriate documents to be filed in the United States Bankruptcy Court for the District of New Jersey, and any affidavits, forms, schedules, lists, applications or any other pleadings or documents which are necessary or appropriate to file the voluntary petition; and it is

FURTHER RESOLVED, that the appropriate officers of the Company be, and they hereby are, authorized and empowered to execute on behalf of, and in the name of, the Company any and all plans of reorganization under chapter 11 of the Bankruptcy Code, including any and all modifications, supplements, and amendments thereto, and to cause the same to be filed in the United States Bankruptcy Court for the District of New Jersey at such time as said authorized officer executing the same shall determine; and it is

FURTHER RESOLVED, that in connection with the commencement of the chapter 11 case by the Company, the appropriate officers of the Company be and hereby are, authorized and empowered on behalf of, and in the name of, the Company to execute and file all first-day pleadings and related documents on such terms and conditions as such officer or officers executing the same may consider necessary, proper or desirable, such determination to be conclusively evidenced by such execution or the taking of such action, and to consummate the transactions contemplated by such agreements or instruments on behalf of the Company; and it is

FURTHER RESOLVED, that the law firm of Trenk DiPasquale Della Fera & Sodono, P.C. is hereby employed as reorganization counsel for the Company upon such terms and conditions as the officers shall approve, to render legal services to, and to represent, the Company in connection with the chapter 11 case, subject to Bankruptcy Court approval; and it is

FURTHER RESOLVED, that the appropriate officers of the Company are hereby authorized to employ and retain on behalf of the Company such other professionals as they deem necessary or appropriate upon such terms and conditions as the officers shall approve, to provide services to the Company as may be requested by the officers of the Company in

connection with the chapter 11 case and with respect to other related matters, with a view to the successful prosecution of such case; and it is

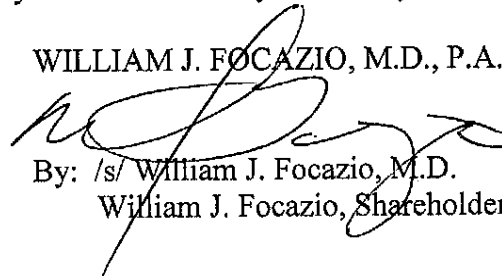
FURTHER RESOLVED, that the appropriate officers of the Company are authorized and empowered to prepare and file with the Securities and Exchange Commission such documents and instruments as may be necessary or desirable in connection with the chapter 11 case; and it is

FURTHER RESOLVED, that the appropriate officers of the Company are authorized and directed to take any and all further action, and to execute and deliver in the name of and on behalf of the Company any and all such other and further instruments and documents and to pay all such expenses (subject to Bankruptcy Court approval), where necessary or appropriate in order to carry out fully the intent and accomplish the purposes of the resolutions adopted herein; and it is

FURTHER RESOLVED, that all acts lawfully done or actions lawfully taken by officers or directors of the Company to file the voluntary petition for relief under chapter 11 of the Bankruptcy Code or in any other connection with the chapter 11 case of the Company, or any matter related thereto, or by virtue of these resolutions be, and hereby are, in all respects ratified, confirmed and approved.

IN WITNESS THEREOF, I hereto set my hand this 13th day of January, 2018.

WILLIAM J. FOCAZIO, M.D., P.A.



By: /s/ William J. Focazio, M.D.
William J. Focazio, Shareholder

Fill in this information to identify the case:

Debtor name William Focazio, MD, PA

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2018

X /s/ William Focazio, M.D.

Signature of individual signing on behalf of debtor

William Focazio, M.D.

Printed name

Principal

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **William Focazio, MD, PA**
 United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Toscano & Amato, CPA 80 Rt. 4, E Ste. 150 Paramus, NJ 07652		Services				\$78,430.00
Montclair Anesthesia Associates, P.C. c/o Christopher W. Hliboki, Esq. One University JPlaza, Ste. 210 Hackensack, NJ 07601		Lawsuit				\$62,090.00
Abdy & Kane, P.C. 97 Lackawanna Avenue, Ste. 301 Totowa, NJ 07512		Services				\$37,408.00
Ashford-Schael 511 Summit Avenue Westfield, NJ 07090		Services				\$33,276.85
NCI 48 Third Street Kearny, NJ 07032						\$23,079.70
Law Firm of Brian W. Hofmeister LLC 3131 Princeton Pike Bldg. 5, Ste. 110 Lawrenceville, NJ 08648						\$12,281.75
Precision Billing & Consulting Services 940 Main Street Hackensack, NJ 07601						\$7,943.44

Debtor **William Focazio, MD, PA**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
DocEnomics Inc. 1401 Constitution Ave., NW Washington, DC 20230						\$7,726.78
Positive Physicians Insurance 850 Cassatt Road 100 Berwyn Park, Ste. 220 Berwyn, PA 19312						\$3,246.78
Dave and Dan Landscaping 236 Colfax Avenue Clifton, NJ 07013						\$3,018.12
Levy MG 4 Smithfield Street Pittsburgh, PA 15222						\$2,945.00
Higher Images 3368 Commercial Street Bridgeville, PA 15017						\$2,550.00
Staples Dept. NY PO Box 415256 Boston, MA 02241						\$2,542.56
Aetna PO Box 981106 El Paso, TX 79998-1106						\$2,337.46
PSE&G Co. PO Box 14444 New Brunswick, NJ 08906-4444		Utilities				\$2,176.00
Metro MSP, LLC 8 Woodhollow Road Plaza 4 Parsippany, NJ 07054						\$2,162.99
Passaic Valley Water Commission PO Box 11393 Newark, NJ 07101-4393						\$1,636.96
Poforma Spectrum Graphics Unlimited 373 US 46, 3130 Fairfield, NJ 07004						\$1,368.92

Debtor **William Focazio, MD, PA**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Deanco Building Solutions Inc. 208 Lenox Ave. Westfield, NJ 07090						\$961.88
WB Mason 555 Secaucus Road Secaucus, NJ 07094						\$649.33

Fill in this information to identify the case:

Debtor name **William Focazio, MD, PA**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **1,131,538.78**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **1,131,538.78**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **12,241,000.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **593,360.83**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **12,834,360.83**

Fill in this information to identify the case:Debtor name William Focazio, MD, PAUnited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of AmericaBusiness Checking2562\$4,412.743.2. ChaseBusiness Checking9698\$1,405.693.3. Valley National BankBusiness Checking3381\$5,203.05**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$11,021.48**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. PSE&G\$2,500.00

Debtor William Focazio, MD, PA Case number (If known) _____
Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$2,500.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 499,414.81 - 0.00 = \$499,414.81
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 614,102.49 - 0.00 = \$614,102.49
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,113,517.30

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

39. **Office furniture**

Debtor William Focazio, MD, PA Case number (If known) _____
Name

4 desks; 10 chairs; 1 TV \$0.00 \$500.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
Exam beds; 16 computers; 1 EKG machine; 1 blood pressure monitor \$0.00 \$4,000.00

42. **Collectibles** *Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles*

43. **Total of Part 7.** \$4,500.00
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 999 Clifton Ave., Clifton, NJ Debtor leases office space on days its office is closed.				
		<u>\$0.00</u>		<u>\$0.00</u>

56. **Total of Part 9.** \$0.00
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

Debtor William Focazio, MD, PA Case number (If known) _____
Name

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor William Focazio, MD, PA Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$11,021.48</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$2,500.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,113,517.30</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$4,500.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,131,538.78</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,131,538.78</u>

Case number (if known)

Best Case Bankruptcy

Fill in this information to identify the case:

Debtor name **William Focazio, MD, PA**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	Unknown	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>New Jersey Division of Taxation Compliance & Enforcement - Bankruptcy 50 Barrack Street, 9th Fl. PO Box 245 Trenton, NJ 08695-0267</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	Unknown	\$0.00

Debtor **William Focazio, MD, PA** Case number (if known)

2.3	Priority creditor's name and mailing address NJ Dept. of Labor & Workforce Devel. Div. of Unemployment & Disability Insur. Bankruprxy Unir 1 John Fitch Plaza, PO Box 951 Trenton, NJ 08611-0951	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address NJ Dept. of Labor - Div. Employer Accts. 1 John Fitch Plaza PO Box 379 Trenton, NJ 08611-0379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Abdy & Kane, P.C. 97 Lackawanna Avenue, Ste. 301 Totowa, NJ 07512 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,408.00
3.2	Nonpriority creditor's name and mailing address Advanced Collections Inc. 9520 63rd Road, #2E Rego Park, NY 11374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.37
3.3	Nonpriority creditor's name and mailing address Aetna PO Box 981106 El Paso, TX 79998-1106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,337.46

Debtor	William Focazio, MD, PA <small>Name</small>	Case number (if known) _____
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3.4	Nonpriority creditor's name and mailing address Apex Pest Control 131 Pine Street Montclair, NJ 07042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.88
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3.5	Nonpriority creditor's name and mailing address Ashford-Schael 511 Summit Avenue Westfield, NJ 07090 Date(s) debt was incurred _____ Last 4 digits of account number <u>0301</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,276.85
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3.6	Nonpriority creditor's name and mailing address Billco 220 S. ridgedale Ave., #B2 Florham Park, NJ 07932 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$554.58
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3.7	Nonpriority creditor's name and mailing address Dave and Dan Landscaping 236 Colfax Avenue Clifton, NJ 07013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,018.12
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3.8	Nonpriority creditor's name and mailing address Deanco Building Solutions Inc. 208 Lenox Ave. Westfield, NJ 07090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$961.88
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3.9	Nonpriority creditor's name and mailing address DocEnomics Inc. 1401 Constitution Ave., NW Washington, DC 20230 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,726.78
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3.10	Nonpriority creditor's name and mailing address DVCO LLC 999 Clifton Ave. Clifton, NJ 07013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108,000.00
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Debtor	William Focazio, MD, PA <small>Name</small>		Case number (if known)
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3.11	Nonpriority creditor's name and mailing address Focazio, William J. 106 Fox Hedge Road Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195,000.00
3.12	Nonpriority creditor's name and mailing address Garden State Irrigation Inc. 50 West Main Street, Ste. 5 Wyckoff, NJ 07481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$527.81
3.13	Nonpriority creditor's name and mailing address Giglio, Anita Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.14	Nonpriority creditor's name and mailing address Higher Images 3368 Commercial Street Bridgeville, PA 15017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
3.15	Nonpriority creditor's name and mailing address Law Firm of Brian W. Hofmeister LLC 3131 Princeton Pike Bldg. 5, Ste. 110 Lawrenceville, NJ 08648 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,281.75
3.16	Nonpriority creditor's name and mailing address Lawrence J. Thomson, Rent Receiver c/o Eva K. Carey, Esq. Windels Marx Lane & Mittendorf LLP 120 Albany Street, 6th Fl. New Brunswick, NJ 08901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	Nonpriority creditor's name and mailing address Levy MG 4 Smithfield Street Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,945.00

Debtor	William Focazio, MD, PA <small>Name</small>		Case number (if known)
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3.18	Nonpriority creditor's name and mailing address Metro MSP, LLC 8 Woodhollow Road Plaza 4 Parsippany, NJ 07054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,162.99
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3.19	Nonpriority creditor's name and mailing address Montclair Anesthesia Associates, P.C. c/o Christopher W. Hliboki, Esq. One University JPlaza, Ste. 210 Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,090.00
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3.20	Nonpriority creditor's name and mailing address NCI 48 Third Street Kearny, NJ 07032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,079.70
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3.21	Nonpriority creditor's name and mailing address On Hold Marketing & Communications 17 W. Merrick Road Valley Stream, NY 11580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$374.76
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3.22	Nonpriority creditor's name and mailing address Passaic Valley Water Commission PO Box 11393 Newark, NJ 07101-4393 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,636.96
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3.23	Nonpriority creditor's name and mailing address Pitney Bowes Purchase Power PO Box 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.67
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3.24	Nonpriority creditor's name and mailing address Poforma Spectrum Graphics Unlimited 373 US 46, 3130 Fairfield, NJ 07004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,368.92
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Debtor	William Focazio, MD, PA <small>Name</small>		Case number (if known)
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3.25	Nonpriority creditor's name and mailing address Positive Physicians Insurance 850 Cassatt Road 100 Berwyn Park, Ste. 220 Berwyn, PA 19312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,246.78
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3.26	Nonpriority creditor's name and mailing address Precision Billing & Consulting Services 940 Main Street Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,943.44
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3.27	Nonpriority creditor's name and mailing address PSE&G Co. PO Box 14444 New Brunswick, NJ 08906-4444 Date(s) debt was incurred ____ Last 4 digits of account number <u>8206</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,176.00
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3.28	Nonpriority creditor's name and mailing address RMS 1185 6th Ave., #36 New York, NY 10360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.99
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3.29	Nonpriority creditor's name and mailing address Sharp Elevator Company, Inc. 11 Broad Street Freehold, NJ 07728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.42
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3.30	Nonpriority creditor's name and mailing address Staples Dept. NY PO Box 415256 Boston, MA 02241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,542.56
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3.31	Nonpriority creditor's name and mailing address Toscano & Amato, CPA 80 Rt. 4, E Ste. 150 Paramus, NJ 07652 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,430.00
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Debtor **William Focazio, MD, PA** Case number (if known) _____
Name

3.32 Nonpriority creditor's name and mailing address **United Healthcare Medicare Solutions**
128 Pine Aire Drive
North Bay Shore, NY 11706
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$62.83**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.33 Nonpriority creditor's name and mailing address **WB Mason**
555 Secaucus Road
Secaucus, NJ 07094
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$649.33**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.34 Nonpriority creditor's name and mailing address **Wells Fargo**
PO Box 6434
Carol Stream, IL 60197
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Equipment lease
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	New Jersey Attorney General's Office Division of Law Richard J. Hughes Justice Complex 25 Market St., PO Box 112 Trenton, NJ 08625-0112	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Suzanne M. Klar, Esq. PSEG Service Corp. 80 Park Place T5D Newark, NJ 07101-4109	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	United States Attorney Peter Rodino Federal Building 970 Broad Street, Ste. 700 Newark, NJ 07102	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	United States Attorney General United States Department of Justice Ben Franklin Station PO Box 683 Washington, DC 20044	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	5a.	\$	0.00
5b. Total claims from Part 2	5b.	+	\$ 593,360.83

Debtor William Focazio, MD, PA
Name

Case number (if known) _____

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ <u>593,360.83</u>

Fill in this information to identify the case:

Debtor name William Focazio, MD, PA

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement - \$6,000/mo.**

State the term remaining

List the contract number of any government contract _____

**DVCO LLC
999 Clifton Avenue
Clifton, NJ 07013**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Collection Agreement dated November 16, 2017; one year term.**

State the term remaining

List the contract number of any government contract _____

**Medtrx Collection Services, LLC
1 Kalisa Way, Ste. 201
Paramus, NJ 07652**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract _____

Wells Fargo

Fill in this information to identify the case:

Debtor name William Focazio, MD, PA

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Arthur St. Realty, LLC

First Commerce Bank

☒ D 2.1
☐ E/F _____
☐ G _____

2.2 DVCO LLC 999 Clifton Avenue
Clifton, NJ 07013

First Commerce Bank

☒ D 2.1
☐ E/F _____
☐ G _____

2.3 Endo Surgical Center of North Jersey, PC 999 Clifton Avenue
Clifton, NJ 07013

First Commerce Bank

☒ D 2.1
☐ E/F _____
☐ G _____

2.4 Endo Surgical Center of North Jersey, PC 999 Clifton Avenue
Clifton, NJ 07013

Montclair Anesthesia Associates, P.C.

☐ D _____
☒ E/F 3.19
☐ G _____

2.5 Fox Hedge Manor, LLC

First Commerce Bank

☒ D 2.1
☐ E/F _____
☐ G _____

Debtor William Focazio, MD, PA Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Metropolitan Anesthesia, LLC	First Commerce Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Riverwood Surgical Center, LLC	First Commerce Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	William J. Focazio	First Commerce Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:

Debtor name William Focazio, MD, PA

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2018 to Filing Date

☒ Operating a business
☐ Other _____

\$4,611.09

For prior year:
From 1/01/2017 to 12/31/2017

☒ Operating a business
☐ Other _____

\$177,616.21

For year before that:
From 1/01/2016 to 12/31/2016

☒ Operating a business
☐ Other _____

\$483,246.82

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

For prior year:
From 1/01/2017 to 12/31/2017

Rental of office 1 day per week

\$34,770.00

For year before that:
From 1/01/2016 to 12/31/2016

Rental

\$1,450.00

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor **William Focazio, MD, PA**

Case number (if known) _____

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. PSE&G Co. PO Box 14444 New Brunswick, NJ 08906-4444	11/16/2017 - \$5,000 11/24/2017 - \$5,000 12/4/2017 - \$5,000	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Utilities</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Focazio, William J. 106 Fox Hedge Road Saddle River, NJ 07458 Principal		\$48,293.75	In lieu of salary, payment of automobile expenses.

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
First Commerce Bank c/o Daniel F. Corrigan, Esq. Windels Marx Lane & Mittendorf, LLP 120 Albany Street Plaza New Brunswick, NJ 08901	Levy on Bank of America Checking Acct. Last 4 digits of account number: <u>2562</u>	12/8/2017	\$4,834.05

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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Debtor **William Focazio, MD, PA**

Case number (if known) _____

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Lawrence J. Thomson, the Court-Appointed Rent Receiver v. William J. Focazio, M.D., P.A. and DVCO L.L.C. PAS-LT-9865-17	Eviction	Superior Court of NJ, Passaic County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	First Commerce Bank v. DVCO, L.L.C., et al. OCN-L-2380-16; J-20865-17	Contract	Superior Court of NJ, Ocean County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Montclair Anesthesia Associates, P.C. v. Endo-Surgical Center of Clifton and William Focazio, M.D., P.A. Docket No. ESX-L-1917-13	Contract	Superior Court of NJ, Essex County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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Debtor **William Focazio, MD, PA**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Trenk, DiPasquale, Della Fera & Sodono, 347 Mount Pleasant Avenue Suite 300 West Orange, NJ 07052	Attorney Fees	12/28/2017	\$21,717.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Debtor **William Focazio, MD, PA**

Case number (if known)

15.1.	Facility name and address William Focazio, MD, PA 999 Clifton Avenue Clifton, NJ 07013	Nature of the business operation, including type of services the debtor provides Medical practice	If debtor provides meals and housing, number of patients in debtor's care
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Same	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Name, address, social security number, and insurance card

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

- ☐ No Go to Part 10.
☒ Yes. Fill in below:

Name of plan

NEED

Employer identification number of the plan

EIN: **NEED**

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **William Focazio, MD, PA**

Case number (if known) _____

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Extra Space Storage 515 Broad Street Clifton, NJ 07014	Access denied due to lack of payment	Medical records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Debtor **William Focazio, MD, PA**

Case number (if known) _____

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26a.1. **Ray Toscano**
Roth, Toscano & Amato
411 Hackensack Ave., #10
Hackensack, NJ 07601

1-1/2009 - 6/30/2017

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26b.1. **Ray Toscano**
Roth, Toscano & Amato
411 Hackensack Ave., #10
Hackensack, NJ 07601

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Paul Gagliaro**
Gagliaro & Associates
9 James Street
Bloomfield, NJ 07003

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

Debtor **William Focazio, MD, PA**

Case number (if known)

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

27.1

Name and address of the person who has possession of inventory records

Passaic County Sheriff

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Focazio, William J.	106 Fox Hedge Road Saddle River, NJ 07458		100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Debtor William Focazio, MD, PA

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2018

/s/ William Focazio, M.D.

Signature of individual signing on behalf of the debtor

William Focazio, M.D.

Printed name

Position or relationship to debtor Principal

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of New Jersey**

In re **William Focazio, MD, PA**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	Fees and expenses as allowed by the Court
Prior to the filing of this statement I have received	\$	17,120.50*
Balance Due	\$	Fees and expenses as allowed by the Court

*Debtor paid a retainer of \$21,717 for the Debtor's Ch. 11 representation. Future compensation shall be paid by the Debtor, which fees will be subject to Bankruptcy Court approval.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

Anthony Sodono, III
Signature of Attorney
Trenk, DiPasquale, Della Fera & Sodono, P.C.
347 Mount Pleasant Avenue
Suite 300
West Orange, NJ 07052
973-243-8600 Fax: 973-243-8677
asodono@trenklawfirm.com

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re William Focazio, MD, PA

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Focazio, William J. 106 Fox Hedge Road Saddle River, NJ 07458			100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Principal** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 13, 2018

Signature /s/ William Focazio, M.D.
William Focazio, M.D.

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of New Jersey**

In re **William Focazio, MD, PA**

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Principal of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 13, 2018**

/s/ William Focazio, M.D.

William Focazio, M.D./Principal
Signer/Title

Abdy & Kane, P.C.
97 Lackawanna Avenue, Ste. 301
Totowa, NJ 07512

Advanced Collections Inc.
9520 63rd Road, #2E
Rego Park, NY 11374

Aetna
PO Box 981106
El Paso, TX 79998-1106

Apex Pest Control
131 Pine Street
Montclair, NJ 07042

Ashford-Schael
511 Summit Avenue
Westfield, NJ 07090

Billco
220 S. ridgedale Ave., #B2
Florham Park, NJ 07932

Dave and Dan Landscaping
236 Colfax Avenue
Clifton, NJ 07013

Deanco Building Solutions Inc.
208 Lenox Ave.
Westfield, NJ 07090

DocEnomics Inc.
1401 Constitution Ave., NW
Washington, DC 20230

DVCO LLC
999 Clifton Ave.
Clifton, NJ 07013

DVCO LLC
999 Clifton Avenue
Clifton, NJ 07013

Endo Surgical Center of North Jersey, PC
999 Clifton Avenue
Clifton, NJ 07013

First Commerce Bank
c/o Daniel F. Corrigan, Esq.
Windels Marx Lane & Mittendorf, LLP
120 Albany Street Plaza
New Brunswick, NJ 08901

Focazio, William J.
106 Fox Hedge Road
Saddle River, NJ 07458

Garden State Irrigation Inc.
50 West Main Street, Ste. 5
Wyckoff, NJ 07481

Giglio, Anita

Higher Images
3368 Commercial Street
Bridgeville, PA 15017

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Law Firm of Brian W. Hofmeister LLC
3131 Princeton Pike
Bldg. 5, Ste. 110
Lawrenceville, NJ 08648

Lawrence J. Thomson, Rent Receiver
c/o Eva K. Carey, Esq.
Windels Marx Lane & Mittendorf LLP
120 Albany Street, 6th Fl.
New Brunswick, NJ 08901

Levy MG
4 Smithfield Street
Pittsburgh, PA 15222

Medtrx Collection Services, LLC
1 Kalisa Way, Ste. 201
Paramus, NJ 07652

Metro MSP, LLC
8 Woodhollow Road
Plaza 4
Parsippany, NJ 07054

Montclair Anesthesia Associates, P.C.
c/o Christopher W. Hliboki, Esq.
One University JPlaza, Ste. 210
Hackensack, NJ 07601

NCI
48 Third Street
Kearny, NJ 07032

New Jersey Attorney General's Office
Division of Law
Richard J. Hughes Justice Complex
25 Market St., PO Box 112
Trenton, NJ 08625-0112

New Jersey Division of Taxation
Compliance & Enforcement - Bankruptcy
50 Barrack Street, 9th Fl.
PO Box 245
Trenton, NJ 08695-0267

NJ Dept. of Labor & Workforce Devel.
Div. of Unemployment & Disability Insur.
Bankruprxy Unir
1 John Fitch Plaza, PO Box 951
Trenton, NJ 08611-0951

NJ Dept. of Labor - Div. Employer Accts.
1 John Fitch Plaza
PO Box 379
Trenton, NJ 08611-0379

On Hold Marketing & Communications
17 W. Merrick Road
Valley Stream, NY 11580

Passaic Valley Water Commission
PO Box 11393
Newark, NJ 07101-4393

Pitney Bowes Purchase Power
PO Box 371874
Pittsburgh, PA 15250-7874

Poforma Spectrum Graphics Unlimited
373 US 46, 3130
Fairfield, NJ 07004

Positive Physicians Insurance
850 Cassatt Road
100 Berwyn Park, Ste. 220
Berwyn, PA 19312

Precision Billing & Consulting Services
940 Main Street
Hackensack, NJ 07601

PSE&G Co.
PO Box 14444
New Brunswick, NJ 08906-4444

RMS
1185 6th Ave., #36
New York, NY 10360

Sharp Elevator Company, Inc.
11 Broad Street
Freehold, NJ 07728

Staples
Dept. NY
PO Box 415256
Boston, MA 02241

Suzanne M. Klar, Esq.
PSEG Service Corp.
80 Park Place T5D
Newark, NJ 07101-4109

Toscano & Amato, CPA
80 Rt. 4, E
Ste. 150
Paramus, NJ 07652

United Healthcare Medicare Solutions
128 Pine Aire Drive
North Bay Shore, NY 11706

United States Attorney
Peter Rodino Federal Building
970 Broad Street, Ste. 700
Newark, NJ 07102

United States Attorney General
United States Department of Justice
Ben Franklin Station
PO Box 683
Washington, DC 20044

WB Mason
555 Secaucus Road
Secaucus, NJ 07094

Wells Fargo
PO Box 6434
Carol Stream, IL 60197

Wells Fargo

**United States Bankruptcy Court
District of New Jersey**

In re **William Focazio, MD, PA**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **William Focazio, MD, PA** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

January 13, 2018

Date

/s/ Anthony Sodono, III

Anthony Sodono, III

Signature of Attorney or Litigant

Counsel for **William Focazio, MD, PA**

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